

Permittee: _____

Permit Number: _____

Analyte Check List DMR-QA Study 23

NPDES Testing Requirement	Test Sample Ordered	Test Substance	Test Completed
<input type="checkbox"/>	<input type="checkbox"/>	Aluminum	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Arsenic	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Cadmium	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Chromium	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Cobalt	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Copper	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Iron	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Lead	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Manganese	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Mercury	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Nickel	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Selenium	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Vanadium	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Zinc	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Ammonia	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Nitrate	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Orthophosphate	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Total Kjeldahl nitrogen	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Total Phosphorus	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	COD	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	TOC	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5-day BOD	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5-day carbonaceous BOD	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	pH	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Total cyanide	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Non-filterable residues (TSS)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Oil and grease	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Total Phenol (by the 4AAP method)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Total residue chlorine	<input type="checkbox"/>

Signed: _____ **Date:** _____

Contract Laboratory: This check list is to be used according to the instructions provided by the permittee.

Permittee: Return this check list with the final package sent to your regulatory authority.